

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

24178

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5675**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b>		c. CITY OR TOWN <b>St. Louis,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hospital.</b>		e. STREET ADDRESS (If rural, give location) <b>4439 Farlin,</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Josephine</b> b. (Middle) c. (Last) <b>Okel.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 29, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <b>Widow</b>	8. DATE OF BIRTH <b>Feb. 5, 1879</b>
9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13. FATHER'S NAME <b>James O'Brien.</b>	
14. MOTHER'S MAIDEN NAME <b>Bridget Powers.</b>		15. NAME OF HUSBAND OR WIFE <b>Joseph - Deceased</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		17. SOCIAL SECURITY NO. <b>None</b>	
18. INFORMANT'S SIGNATURE OR NAME <b>Mary Jo Nenckler</b>		19. ADDRESS <b>3512 N. 14th</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia with multiple</b>			
ANTECEDENT CAUSES DUE TO (b) <b>small lung abscesses and</b> DUE TO (c) <b>fibrinous pleurisy</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cachexia due to cerebral and Generalized Arteriosclerosis</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>6 months</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	<b>490X</b>
22. I hereby certify that I attended the deceased from <b>Jan. 3, 1955</b> , to <b>June 29, 1955</b> , that I last saw the deceased alive on <b>June 29, 1955</b> , and that death occurred at <b>6:15P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>George M. Tanaka, M.D.</b> (Degree or title)		23b. ADDRESS <b>5800 Arsenal St.</b>	23c. DATE SIGNED <b>June 29, 1955</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>7-2-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>
DATE REC'D BY LOCAL REG. <b>JUL 1 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edw Koch + Son - 3516 N. 14th</b> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Will C. Dransner

Licensed Embalmer No. 479

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.